Resource Guide for DMHA Youth Providers 2019

The following information for DMHA Youth Providers will provide valuable assistance for the CMHW application process. It includes important links to the DMHA Youth Provider Web Pages and other resources.

PROVIDER INFORMATION WEB PAGE:

http://www.in.gov/fssa/dmha/2764.htm

The most current provider application forms, background check forms with instructions, webinars, and links to important information including the ***CMHW Module (Manual),*** can be found here. Application forms are available for download. *Please download and use the latest applications and forms posted here as they are updated regularly, as is this guide.*

ANNOUNCEMENT WEB PAGE:

http://www.in.gov/fssa/dmha/2747.htm

Current DMHA announcements, updates and other important information are found here. Also, your link to sign up for the Indiana Systems of Care Mailing list is found here. You are required to sign up for this mailing list in order to receive up-to-date information and important announcements (see the example on the following page).

Be sure to bookmark these links above and save them to your favorites for handy access!

Read your CMHW Module, become familiar with it and refer to it for answers to your questions.

Be informed about your role as an

Resource Guide for DMHA Youth Providers 2019

IHCP (Medicaid) Provider!

For IHCP Enrollment Information:

Here's a link to the Indiana Health Coverage Programs (IHCP) Providers website: https://www.in.gov/medicaid/providers/index.html

- When in the IHCP Provider web site click on Provider Enrollment.

- In the web page, scroll down and read through **all** the subheadings regarding enrollment, fees, and other important information.

- All questions regarding IHCP Provider Enrollment and agency **enrollment fees** should be directed to Indiana Medicaid.

Indiana Systems of Care Mailing List

Have you signed up for the INSOC mailing list?

www.in.gov/fssa/dmha/2747.htm

Web Page View:

Read all you can regarding Indiana's SOC. You will learn that there is a difference between Wraparound (the actual services provided) and Wraparound Facilitation provided by CMHW Wraparound Facilitators (or case workers).

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What Happens after Training?

Remember, training is only the *first part* of the application process. The submission of a complete application packet to DMHA for approval as an individual provider, an agency, and for additional staff or services, is required for approval to provide CMHW services.

After the DMHA Youth Provider Training, participants will receive pass/fail results via email. Upon receiving your **pass** results, you may now submit your application with required documentation to DMHA for approval. Include a copy of the email(s) informing you of passing the services in your application packet.

No hard copy certificates are provided. DMHA adds the results of your provider training (Habilitation, Family & Support, and Respite) to the provider database.

HCBS Training for CMHW Program is Valid for One Year

Please note that successful completion of training will remain valid for one calendar year. If an application is not submitted within one year of your training (pass) date, the training must be retaken. This is to ensure that providers have received training on the **current standards**.

The flow charts (on the following pages) are provided to help understand the process flow to become a CMHW Youth Provider as a HAB, FST, & RES provider:

CMHW SIMPLIFIED PROCESS FLOW: HAB AND FST

START

Identify candidate(s) whose experience meets the requirements*

Submit résumés of qualifying candidate(s) to DMHAYouthServices@fssa.in.gov

Qualifying?

NO → **Not qualifying:** Process ends; candidate(s) must meet the experience requirement in order to proceed beyond this point

YES

DMHA registers approved candidate(s) for training

Candidate(s) attend(s) CMHW training

Training successfully completed?

NO → **Does not complete training:** Process ends; however, candidate(s) may request to attend next training event
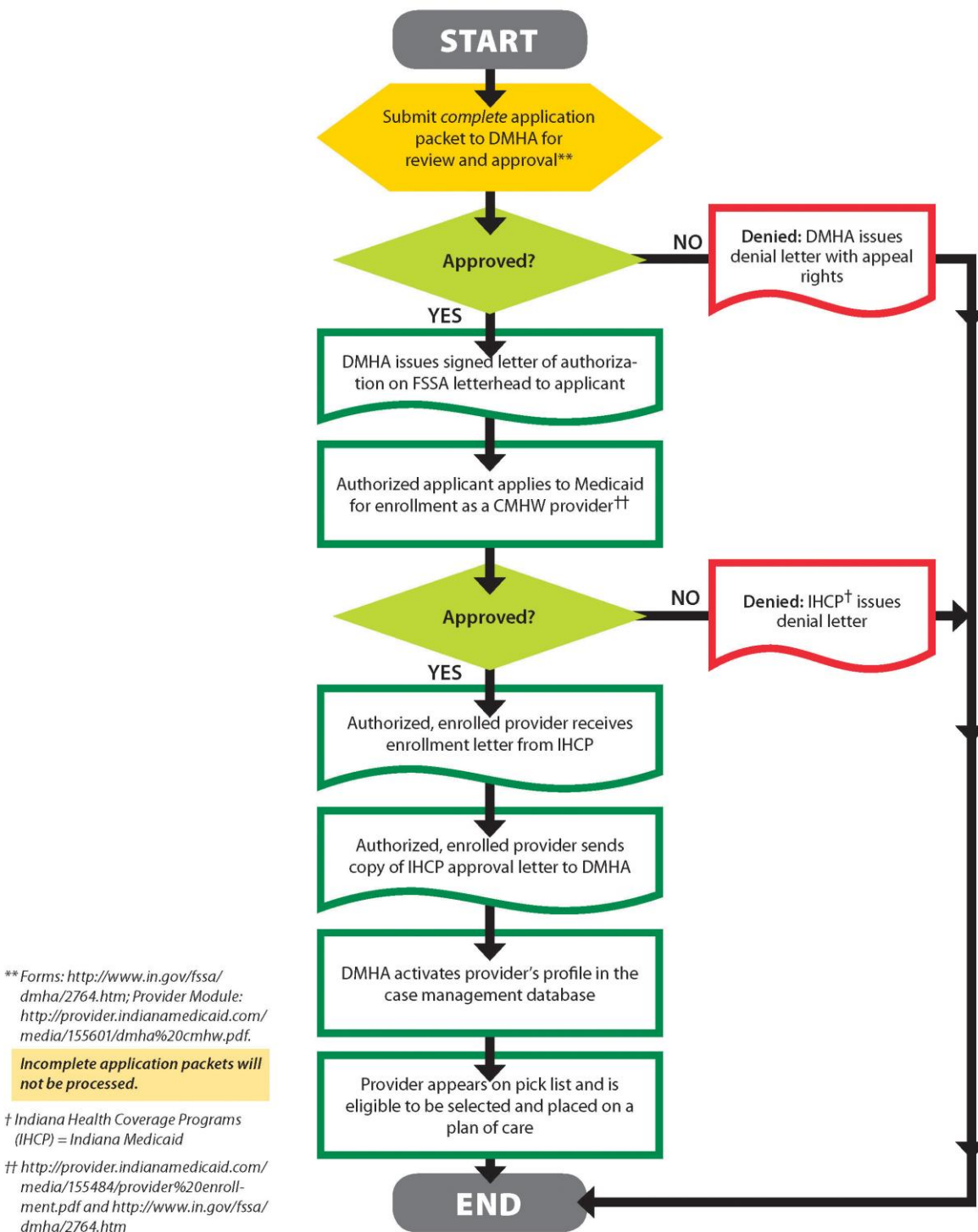
YES

PROCEED TO APPLICATION

END

*Qualifications

- Accredited Individual is at least 21 years of age
- High school diploma or equivalent (GED)
- Qualifying experience working with or caring for children and youth with serious emotional disturbances (SED):
  - HAB: Effective July 1, 2018, two years; currently three
  - FST: Currently two years; remaining at two

- Examples of types of qualifying experience (not limited to these alone):
  - Teacher's aide or group home staff member for youth with SED
  - Behavioral health staff
  - Community service work with youth with SED
  - Foster parents
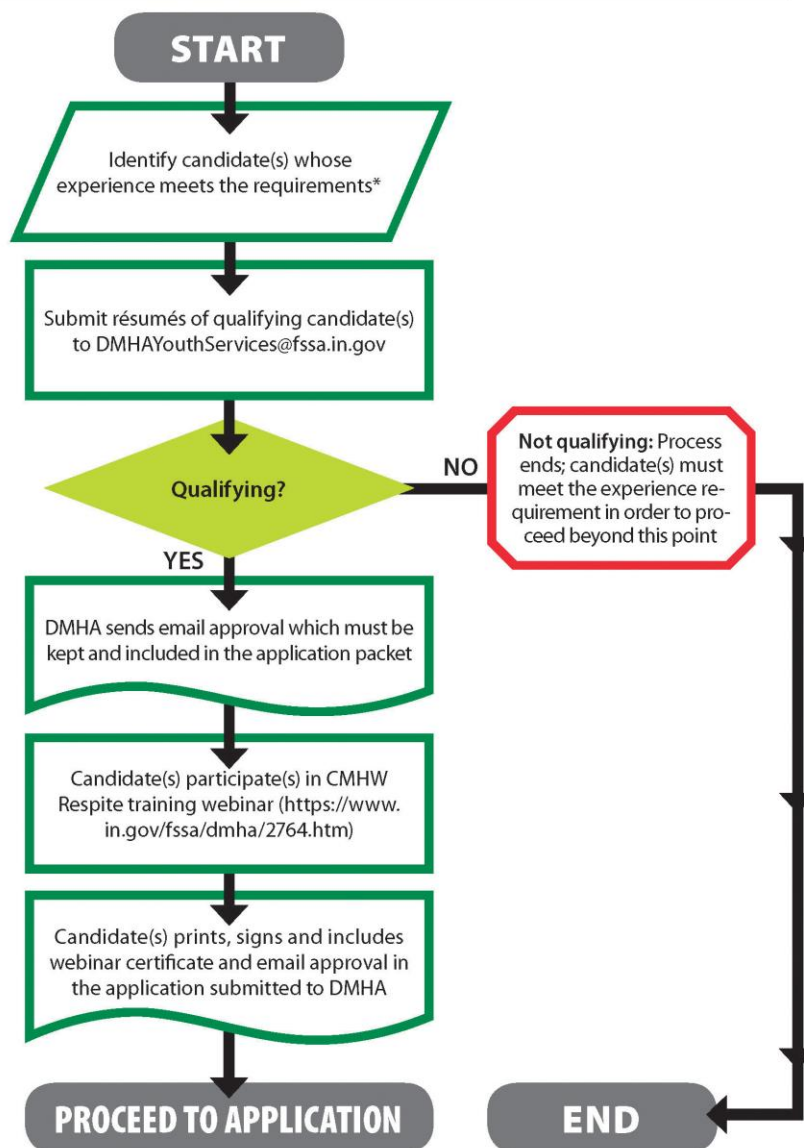 - Family member who has supported a youth with SED

CMHW SIMPLIFIED PROCESS FLOW: HAB & FST APPLICATION

START

Submit *complete* application packet to DMHA for review and approval**

Approved?

NO → **Denied:** DMHA issues denial letter with appeal rights

YES

DMHA issues signed letter of authorization on FSSA letterhead to applicant

Authorized applicant applies to Medicaid for enrollment as a CMHW provider††

Approved?

NO → **Denied:** IHCP† issues denial letter

YES

Authorized, enrolled provider receives enrollment letter from IHCP

Authorized, enrolled provider sends copy of IHCP approval letter to DMHA

DMHA activates provider's profile in the case management database

Provider appears on pick list and is eligible to be selected and placed on a plan of care

END

** Forms: http://www.in.gov/fssa/dmha/2764.htm; Provider Module: http://provider.indianamedicaid.com/media/155601/dmha%20cmhw.pdf.

Incomplete application packets will not be processed.

† Indiana Health Coverage Programs (IHCP) = Indiana Medicaid

†† http://provider.indianamedicaid.com/media/155484/provider%20enroll-ment.pdf and http://www.in.gov/fssa/dmha/2764.htm

CMHW SIMPLIFIED PROCESS FLOW: RESPITE

START

Identify candidate(s) whose experience meets the requirements*

Submit résumés of qualifying candidate(s) to DMHAYouthServices@fssa.in.gov

Qualifying?

NO → **Not qualifying:** Process ends; candidate(s) must meet the experience requirement in order to proceed beyond this point

YES

DMHA sends email approval which must be kept and included in the application packet

Candidate(s) participate(s) in CMHW Respite training webinar (https://www.in.gov/fssa/dmha/2764.htm)

Candidate(s) prints, signs and includes webinar certificate and email approval in the application submitted to DMHA

PROCEED TO APPLICATION

END

***Qualifications** (for details, visit the Provider Module at http://provider.indianamedicaid.com/media/155601/dmha%20cmhw.pdf)*

- Accredited Individual is at least 21 years of age
- High school diploma or equivalent (GED)
- One year qualifying experience working with or caring for youth with serious emotional disturbances (SED)

- Examples of types of qualifying experience (not limited to these alone):
  - Teacher's aide or group home staff member for youth with SED
  - Behavioral health staff
  - Community service work with youth with SED
  - Foster parents
  - Family member who has supported a youth with SED

CMHW SIMPLIFIED PROCESS FLOW: RESPITE APPLICATION

START

Submit *complete* application packet to DMHA for review and approval**

Approved?

NO → **Denied:** DMHA issues denial letter with appeal rights

YES

DMHA issues signed letter of authorization on FSSA letterhead to applicant

Authorized applicant applies to Medicaid for enrollment as a CMHW provider††

Approved?

NO → **Denied:** IHCP† issues denial letter

YES

Authorized, enrolled provider receives enrollment letter from IHCP

Authorized, enrolled provider sends copy of IHCP approval letter to DMHA

DMHA activates provider's profile in the case management database

Provider appears on pick list and is eligible to be selected and placed on a plan of care

END

** Forms: http://www.in.gov/fssa/dmha/2764.htm; Provider Module: http://provider.indianamedicaid.com/media/155601/dmha%20cmhw.pdf.

Applicant must include both Respite Training Certificate and copy of the email approval of resumé or experience. Incomplete application packets will not be processed.

† Indiana Health Coverage Programs (IHCP) = Indiana Medicaid

†† http://provider.indianamedicaid.com/media/155484/provider%20enrollment.pdf and http://www.in.gov/fssa/dmha/2764.htm

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It is the responsibility of every provider to review the CMHW Provider Module (Manual). For further detailed provider application information, see section 13 of the module:

Read this before filling out your application forms!
Do not staple or bind applications.

There is a 4 week turnaround for all applications. Please refrain from contacting DMHA regarding your application's status unless it has been longer than 30 business days since it was mailed.

The following information, is being provided to help guide all CMHW Youth Providers to successfully submit complete applications.

1. Your **CPR** certificate/card should show name, certification date and/or expiration date.

2. A clear and legible copy of your driver's licenses is required (please enlarge if possible).

3. A copy of your current vehicle registration (for habilitation and respite providers) showing the vehicle ID number (VIN). It must be legible and the VIN must match the insurance card/documentation being submitted. Preferably, provide the insurance ID card you would show a police officer, if you were in an accident. The CMHW program does not require declaration pages or amounts of liability. The ID card must have a start date and end date.

4. A copy of your current vehicle insurance card/documentation (for habilitation and respite providers) showing the VIN is required. The copy must be legible and the VIN number must match the vehicle registration you are submitting.

5. L-1 INkless FBI Fingerprint Criminal History check results must be within one year old. This usually comes directly to DMHA.

6. State criminal background check (for every state you have lived in for the past 5 yrs. and must be less than one year old).

7. Local criminal history **County** (not city) background check **for every county you have lived in for the past 5 yrs**. All background screen results must be less than one year old when being submitted.

    Note: If the applicant lives in *Marion County*, use https://pay.indy.gov/ **or** https://www.in.gov/ai/appfiles/isp-lch/ for the local criminal history search. Detailed directions are included later in this guide. Otherwise, search on-line for your local county criminal background screen location.

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8. CPS Background History Check Request Form and CPS Background History Check Instructions are on the Provider Information Web Page. The form found on this web page includes DMHA's pre-filled 'Section A' information with our email address DMHAYouthServices@fssa.IN.gov. Complete your legal name in Section A and then complete Section B. Send a copy of this request to your **local** DCS office. The CPS Background History Check Instructions form also contains a link to the local offices in your area. The local office will send the completed screen directly to DMHA Youth Services. Ask the local office to include your name to the subject line of the email when sending the results to us. **Do not send these forms to the Central Office Background Check Unit.**

The MaGIK portal should be used by all agencies. You may create an account if you don't have KidTraks account, yet. Results are provided to you as an employee of your own agency as well as for your staff, and you must include a copy in your application. *DO NOT SUBMIT SELF-CHECKS.*

"CPI/CPS Portal" FAQS can be found on the DCS web pages. Here's a link:
https://magik.dcs.in.gov/BackgroundCheck/Files/FAQ.pdf

DO NOT SUBMIT SELF-CHECKS: Do not use Self-Checks! FSSA Audits do not accept or approve self checks at time of audit. Self-Checks do not meet the legal requirements for a CPS background history check. Request and submit as an Organization through the MaGIK portal.

Further directions on creating a request are provided after login.

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Can I submit paper State Forms to the DCS Local County Offices?

DCS Local County Offices will continue to accept paper request forms for the "Indiana Request for a Child Protection Services History Check." Note that the State Form 52802 has been revised. A new "Indiana Request for a Child Protection Services (CPS) History Check" SF 52802 with revision #R7/5-18/CW2128, is available on the IN.Gov/DCS/ Background Check website: https://www.in.gov/dcs/3740.htm.

Effective June 4, 2018, only the NEW revised form will be accepted at DCS Local County Offices and not the Central Office Background Check Unit (COBCU). To locate each DCS Local County Office, please go to https://www.in.gov/dcs/2372.htm.

9. Drug screen results. All drug screen results provided to DMHA must be less than one year old. They can come directly to DMHA or you may provide us a copy in the application. Either way, results are verified with the company.

10. For providers **reauthorizing** for services providing proof of CEUs and/or training hours, make sure that the copies of certificates contain the (1) title of the course; (2) your name, (3) hours of training, and (3) date(s) of training, or they **cannot** be accepted.

    Continuing education training logs are not acceptable nor are generic list of training information containing the name of training, hours and dates as this is not a certification of training and does not show proof of attendance. See accepted training in the *CMHW Module pages 55 & 56* and examples of organizations that provide acceptable training on *page 22 of this guide.*

11. All agency owner/employees must include your name as well as the agency name when submitting any correspondence, including emails, to DMHA.

The turnaround process for applications is

approximately 4 weeks.

See the CMHW Module (manual) regarding this information.

RECORDED INSTRUCTIONS!

Click on the link to listen to these recorded instructions for detailed help with the application forms.

Recorded instructions for new applications:

Applying as an Individual Provider: https://indiana.adobeconnect.com/pnlc9tu3xrir/

Applying as an Unaccredited Agency: https://indiana.adobeconnect.com/pzalfwcex45j/

Applying as an Accredited Agency: https://indiana.adobeconnect.com/pfzsuxy58ajx/

Part 1: Application checklist for NEW APPLICANTS

(See page 23 - 26 of this guide for reauthorization checklists.)

- **Application Cover Sheet** *(only one cover sheet need be provided even if adding multiple staff)*
- **Provider Demographics** *(Only one demographic form need be provided for multiple rendering providers.)* Be sure to complete *Section B* and include necessary items.
- **Provider Agreement** *(complete, initial where indicated, sign, and date)*
  - o **For Agencies - agency level documentation** (*articles of incorporation, certifications or accreditations*).
- **Rendering Provider Application** *(A rendering provider application form and the following documentation must be provided for each staff. If applying for multiple services, there is no need to duplicate documents.) The rendering provider initials and signs. Current agencies must provide NPI.*
  - o ***Section B: Service Specialty and Counties of Service.*** Check the box(es) by the **services** you have been approved for and wish to serve (HAB, FST, and/or RES). The **counties** you wish to serve in must be included in this section. If this is left blank, the application is incomplete and will be returned. See PowerPoint directions for adding/removing counties.
  - o ***Section C: Required Documentation.*** Follow the list of required documentation starting here.
    - □ Copy of your résumé *(must be the same résumé approved by DMHA prior to application)*
    - □ Copy of High School Diploma; GED (or copy of your advanced degree)
    - □ Copy of current CPR certification
    - □ Copy of valid driver's license (must be legible, please enlarge if possible)
  - o ***Section D:*** **Background Screens.** *Include a screen for every state and county you have lived in for the past 5 years. (Accredited agencies to keep these on file at agency) ***These results are good for only one year.*
    - □ 5 panel drug screen
    - □ Copy of County criminal history background screen(s)
    - □ Department of Child Services Statewide background screen. (A pre-filled form and instructions can be located on the Provider Information Web Page. Complete and submit through MaGIK portal or your local CPS Office, NOT the downtown office.)
    - □ Fingerprint (L-1 Inkless) based National and State Criminal History background screen (copy of results usually comes directly to DMHA)
  - o ***Section E:*** **Proof of Vehicle Registration & Insurance.** For Habilitation & Respite Providers
    - □ Copy of **current** vehicle registration
    - □ Copy of **current** Automobile Insurance coverage card *(showing the matching Vehicle Identification Number (VIN).* ***This is usually what you would provide a Police Officer upon request/or at scene of an accident. DMHA does not require declaration pages or how much liability you have.***
  - o **Wraparound Facilitator Documentation for accredited agencies only:**
    - □ See the Resource Guide for Wraparound Facilitators

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Part II: Application Checklist to ADD NEW EMPLOYEE(S) for non-accredited agencies

There is no need to send a Demographic Form or Provider Agreement when adding staff. (1) The application Cover Sheet and the (2) Rendering Provider Application with all required documentation is all that's required.

- **Application Cover Sheet** *(only one cover sheet is needed even if adding multiple staff) Use this form to add/remove counties, update demographic (address, phone, or main contact) information.*

- **Rendering Provider Application** *(A rendering provider application form and the following documentation must be provided for each new staff. Do not send duplicate documentation if choosing multiple services. Form to be initialed and signed by the employee. (Current agencies provide NPI.)*

  o **Section B:** *Service Specialty and Counties of Service.* Check the box(s) by the services your staff has been approved for (HAB, FST, and/or RES). Only include the counties *this staff will be working in.* If you are adding/removing counties for your agency, use the Application Cover Sheet. See PowerPoint instructions for adding/removing counties on Provider Information website.

  o **Section C**: *Required Documentation.* See the required documentation for Rendering Providers.
    □ Copy of your résumé *(must be the same résumé approved by DMHA prior to application)*
    □ Copy of High School Diploma; GED (or copy of your advanced degree)
    □ Copy of current CPR certification
    □ Copy of valid driver's license (must be legible, please enlarge if possible)

  o **Section D**: *Provider screenings. Include the required background screens for every state and county your staff has lived in for the past 5 years. (Accredited agencies to keep these on file at agency.)* *****All screens & criminal history results are good for only one year.**
    □ 5 panel drug screen
    □ Copy of County criminal history background screen(s)
    □ Department of Child Services Statewide background screen *(A pre-filled form and instructions can be located on the Provider Information Web Page. Complete and submit through MaGIK portal or your local CPS Office NOT the downtown office.*
    □ Fingerprint (L-1 Inkless) based National and State Criminal History background screen (copy of results usually comes directly to DMHA)

  o **Habilitation & Respite Providers should also submit:**
    □ Copy of **current** vehicle registration
    □ Copy of **current** Automobile Insurance coverage card *(showing the matching Vehicle Identification Number (VIN). **This is usually what you would provide a Police Officer upon request/or at scene of an accident. DMHA does not require declaration pages or need to know how much liability you have.***

  o **RESPITE providers** must submit a copy of your Respite Webinar Certificate! If applying for respite only, include your email approval to take the Respite Webinar from Julie Bandy.

The complete provider application or re-authorization application packet must be mailed to:

Division of Mental Health & Addiction

Attention: Olga Murray

Youth Provider Coordinator

402 W. Washington St., W353

Indianapolis, IN 46204-2739

Do not staple or bind applications

ALWAYS KEEP A COPY OF YOUR ENTIRE

APPLICATION PACKET.

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NEXT STEPS after approval for New Providers

Step 1) Once a completed application **is processed and approved** by DMHA, **approval letters are emailed to providers.** After you receive your CMHW approval letter, you can then proceed to enroll in Medicaid (IHCP) for billing. **Instructions for next steps are also included in the approval letter and in the body of the email that is sent to you.**

By now you should have familiarized yourself with the Medicaid Provider Enrollment Process and Provider Information, it was part of your first steps! All IHCP Provider questions must be directed to Medicaid.

Step 2) For detailed Webinar and PowerPoint instructions on registering and enrolling (creating a provider account) with IHCP, see PowerPoint Instructions provided by DXC Technology. The PowerPoint is located on the *Provider Information Web Page https://www.in.gov/fssa/dmha/2764.htm:*

Scroll down to the subheading:

Provider training webinars

and clicking on the link by:

- **CMHW providers enrolling in IHCP (Medicaid):** IHCP enrollment guide for CMHW providers

While in this webinar, you may download the PowerPoint presentation by clicking on the name of the file on the bottom of the webinar screen to highlight, and then clicking download files.

Step 3) Providers will be contacted regarding further information and/or enrollment approval by **Medicaid (DXC)**. Once you receive your copy of the approval letter from DXC, we ask that you send us a scanned legible copy via email to olga.murray@fssa.in.gov, in order to be activated in the database so that

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your name will begin to appear on the picklist and be eligible to be placed on a Plan of Care (POC) and bill for services. See CMHW Module *Page 52*.

Notice: DMHA must receive a copy of your Medicaid approval letter(s) within ONE YEAR (12 months) of approval. Failure to enroll in Medicaid and submit your approval letter(s) and also providing a copy of your email from the NPI enumerator website containing the rendering provider's *rendering NPI* number within the one year period, will result in your account profile expiration and automatic termination in the database.

Step 4) After approval and activation in the picklist, the rest is up to you!

Procedure for Incomplete Applications

This applies to new applications <u>and</u> to reauthorizations.

All DMHA-approved Youth HCBS Providers (agencies and individuals) are required to submit applications for authorization and re-authorization. Authorization is required prior to enrollment as a provider of CMHW services. Reauthorization occurs on the schedule below, and is required to remain an active provider of CMHW services. *Please see Section 13, pages 49 & 50 of the CMHW Provider Module* for more information regarding incomplete applications.

Reauthorization Schedule:

- Accredited Agency: At least every three years
- Non-Accredited Agency: At least every two years
- Individual Provider: At least every two years

Application packets that have missing forms or documents are incomplete, and <u>will not be processed</u>. The applicant will receive an email from the DMHA Youth Provider Coordinator notifying the applicant to **resubmit** a complete application.

- A copy of the scanned application will be returned by email along with an itemized checklist of missing, incomplete, or expired documents.

- If the application is too large to scan, containing multiple staff applications the applicant may notify DMHA via email regarding arrangements to pick up the application or to have it mailed.

The biggest reason that application processing takes so long is due to the large amount of missing forms, expired forms, and failure to read and follow the checklist provided. There is much time taken to correspond and itemize all the missing items for the applicants review.

Don't contribute to this by sending incomplete applications!

Specialty Comments - Example

Most individuals provide specialty comments that are too lengthy to add to the database. Specialty comments can only be up to 256 characters, **this includes spaces and punctuation marks.** Try reviewing and editing the specialty comment in an MS Word document. After starting, click on ***Words*** *at* the bottom left of the screen. See the example below, a box will come up that will provide the *Word Count statistics*. Check the amount of characters under ***Characters (with spaces – spaces are counted!)***. This will assist in editing and keeping under the 256 character count.

Copy and paste it into an email and send it to us so that we can, in turn, copy your statement and paste into the database. This example of a specialty comment shown below is just within the space allotted. It has 255 Characters (with spaces).

I·have·experience·working·with·children·and·adolescents·with·a·variety·of·diagnosis·and·have·helped· children·and·young·adults·find·greater·independence,·gain·emotional·and·behavioral·control,·and· achieve·positive·outcomes·with·hard·work·and·determination.¶

Word Count	?	⊠
Statistics:		
Pages		1
Words		37
Characters (no spaces)		219
Characters (with spaces)		255
Paragraphs		1
Lines		3
☑ Include textboxes, footnotes and endnotes		
		Close
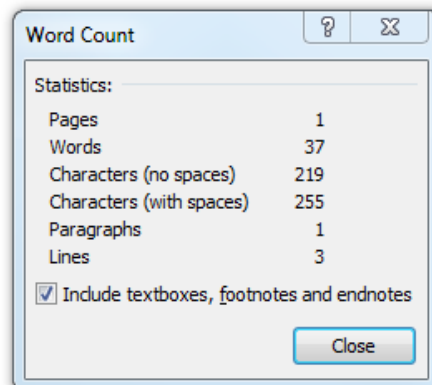
DMHA YOUTH PROVIDER REAUTHORIZATION SCHEDULE

Reauthorizations are due *60 days*   *before* your Certification End Date.

1.) A reminder email goes out to the email address DMHA has on file 90 days before your *certification end date*. However, you are responsible for tracking your reauthorizations.

2.) If you are an accredited or unaccredited agency, ***all of your staff*** *are to be reauthorized at this same time, along with your agency.*

3.) A due date is provided in the reminder email which is calculated at 60 days before your certification end date. So, you have 30 days to submit your reauthorization application to DMHA.

Example

This example is for an Unaccredited Agency or an Individual Provider whose certification period is for **two years**:

If certified on **July 1, 2017** your certification end date is **July 1, 2019**

On April 1, 2019	On May 1, 2019	July 1, 2019
DMHA sends an email reminder	Application is **due** to DMHA *This is 60 days before your certification end date. This includes all staff for agencies.*	Your Certification end date

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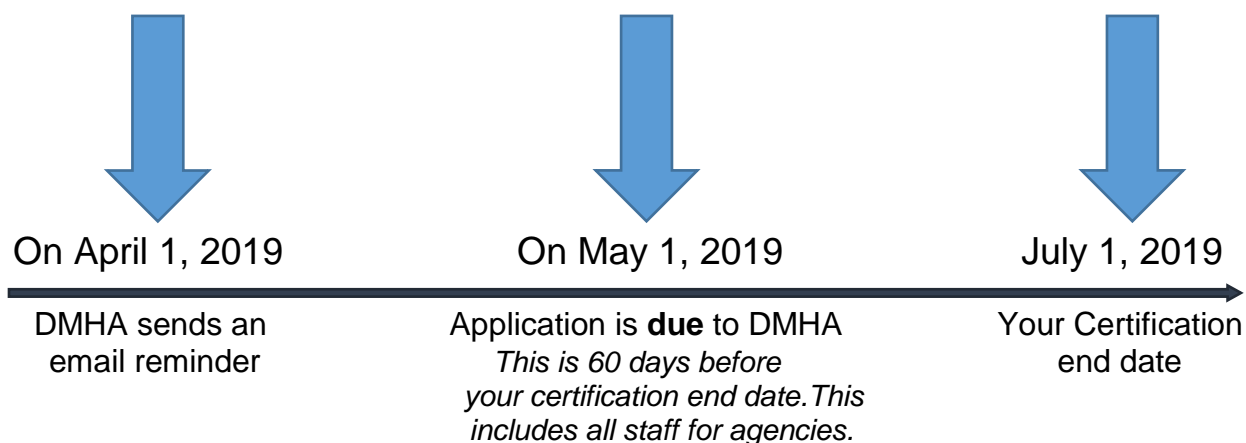
Continuing Education - Yearly Requirements

All providers are required to obtain continuing education. For Reauthorization, DMHA requires submission of certificate information for 10 hours of training per each certification year.

Certificates provided should have:

(1) Title of the course;

(2) Provider name;

(3) Training hours, and

(4) Date course was taken

If the amount of training hours and proof of training is not supplied to DMHA in the application for reauthorization, the application is considered incomplete. The reauthorization cannot be approved and the provider will, therefore, be terminated.

See continuing education and reauthorization requirements in the CMHW Provider Module *page 51*.

A detailed example of the yearly schedule for continuing education training is provided on the following *page*:

Continuing Education and Certification Requirements

DMHA requires 10 hours of training <u>per year</u>

All CMHW services providers are expected to engage in ongoing professional development. Renewal of approval requires the successful completion of no less than 10 hours of professional development training or conferences per approval year. DMHA expects providers to obtain *the 10 required hours of training per year within the parameters of the associated approval year.* For example, a provider approved on July 1 is expected to obtain 10 hours of training and professional development before July 1 of the following year. **–See CMHW Services provider Module, Section 13.**

Mark your **Calendars!**

Example

For an Unaccredited Agency or an Individual Provider
whose certification period is for two years:

If you were certified on **July 1, 2017** your certification end date is **July 1, 2019**

July 1, 2017 ⟷ **July 1, 2018** ⟷ **Jul 1, 2019**
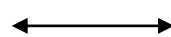
10 hours of training should be taken during this time period.   *10 hours of training should be taken during this time period.*

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DMHA YOUTH PROGRAM EXAMPLES OF WEB SITES
AND LOCATIONS FOR TRAINING

- **SOC Annual Conference** usually provides 5.5 training credits or more for attendance. Watch for announcements in your emails. Have you signed up for email announcements? http://www.in.gov/fssa/dmha/2747.htm

- **Collaborative Change**   click on link for and times https://www.collaborative-change.com/trainings

- TF-CBT Web, a web-based learning course for Trauma-Focused Cognitive-Behavioral Therapy. http://tfcbt.musc.edu/

- **Foster Care & Adoptive Community Training**. Distance Learning Program http://www.fosterparentstest.com/store/index.htm

-   http://www.aspin.org/testsite/index.php http://www.aspin.org/training/

- **Free State Social Work, LLC** for On-Line Continuing Education: http://www.freestatesocialwork.com/?page_id=202

-   Learn about educational programs provided at Libraries, etc. at http://mhai.net/

- The Indiana Youth Institute: https://www.iyi.org/ https://www.iyi.org/professional-development/trainings

-   NAMI Provider Education and Resources https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Provider-Education

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CMHW Provider Reauthorization of Services

The CMHW reauthorization process for non-accredited agencies and individuals has now been streamlined. DMHA no longer requires the submission of copies of employee-related documents that are not required to be updated. See the detailed reauthorization checklist provided further in this guide.

We have new applications!

Discard all previous applications you may have downloaded or copied. **Always** go to the Provider Information web page to download the **current applications**. Updates are made often as processes out of our control change.

Take special note of these following reminders when completing your reauthorization applications as this is new:

When an employee/staff has multiple services

See the new Rendering Provider Application Form. If an employee or individual provider has multiple services (WF, HAB, FST, RES) check the appropriate boxes. When attaching required documentation, there is no need to duplicate paperwork. For example, every service requires the submission of a copy of the employee's driver's license. If an employee provides the services of Habilitation and Training and Support for the Unpaid Caregiver, the agency or individual provider should complete only one rendering provider form and check applicable services, but will only submit one copy of the collateral required documentation attached behind the rendering provider application form. Each employee should have only one "mini-packet."

A provider may wish to voluntarily close their profile and services at any time by submitting the request in writing to DMHA.

If a provider does not wish to reauthorize at time of reauthorization, the provider may also request to voluntarily close their account services by submitting the request in writing to the DMHA at DMHAYouthServices@fssa.in.gov or olga.murray@fssa.in.gov or by mail.

Providers who elect to voluntarily close at the time of reauthorization for failure to submit or provide a complete application (including the complete amount of continuing education required) will not be eligible to apply for any DMHA Youth Services program for a period of no less than three (3) years from the date of closure.

See the CMHW Module *pages 53 to 55*.

Do not staple or bind applications.

PART III   Simplified Reauthorization Checklist for Individual Providers or Non-Accredited Agencies:

Note: For all new application forms and docs go to the Provider Information website: https://www.in.gov/fssa/dmha/2764.htm

Any demographic changes? Mark them clearly on Application Cover Sheet and add to Demographic Form, otherwise it may be missed.

Part 1: Non-accredited Agency or Individual Level Documentation

- ☐ Application cover sheet *(new - 1 form per submission)*
- ☐ Provider demographic form *(new - completed and signed)*
- ☐ Copy of Articles of Incorporation *(for agencies only)*
- ☐ Provider agreement *(new signature and current date)*

Part 2: Non accredited Agency or Individual Employee Level Documentation for

Habilitation, Respite & FST Rendering Provider

- ☐ Rendering Provider Application *(new – one form per employee - check the services that you and/or your employee(s) are reauthorizing for, on this form.*
- ☐ Copy of Employee Driver's License *(enlarged and legible)*
- ☐ Copy of current CPR
- ☐ Copy of current auto insurance *(with matching VIN# of vehicle registration)***
- ☐ Copy of vehicle registration *(with matching VIN# of auto insurance)***
- ☐ A five-panel drug screen
- ☐ Local (county-based) criminal history screen
- ☐ State and local department of child services abuse registry screening (Child Protective Services – from your local county's CPS office) Agencies must use MaGIK Portal to submit CPS background checks for all employees. The Central office business unit will not process hard copies.
- ☐ Fingerprint-based state and national background screen
- ☐ All 20 training hours/credits for the past two years *(in chronological order)*

Copy of your *auto insurance* or *vehicle registration* is not required **if you/your staff are reauthorizing as an FST provider only. (If FST is the only service you provide.)

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Simplified Reauthorization Checklist for
Accredited Agencies:

Part 1:   Accredited Agency Level Documentation
- ☐ Application cover sheet *(new - 1 form per submission)*
- ☐ Provider demographic form (*new - completed and signed*)
- ☐ Copy of current agency accreditation or certification from DMHA of CMHC status
- ☐ Provider agreement *(new signature and current date)*
- ☐ Send your local SOC Governance a letter informing them of the counties you are reauthorizing for, and provide us a copy with your reauthorization submission.

Part 2   Accredited Employee Level Documentation
*Complete a Rendering Provider Application for each employee, check the appropriate boxes for the appropriate services in Section B. This should **be initialed and signed by the rendering provider**, not the agency. Accredited agencies should complete background checks for all staff, but keep on file at agency – do not submit to DMHA.*

Wraparound Facilitator
- ☐ Rendering Provider Application *(new – 1 form required for each employee)*
- ☐ Copy of Employee Driver's License (*enlarged and legible*)
- ☐ Copy of current CPR (*for all providers*)
- ☐ All 30 training hours/credits for the past three years *(in chronological order if possible)*

Habilitation, Respite & FST Rendering Provider
- ☐ Rendering Provider Application *(new – 1 form required for each employee)*
- ☐ Copy of Employee Driver's License (*enlarged and legible*)
- ☐ Copy of current CPR (*for all providers*)
- ☐ Copy of current auto insurance (*for Hab & Respite providers only- must have matching VIN# of vehicle registration*)
- ☐ Copy of vehicle registration *(for Hab & Respite providers only - must have matching VIN# of auto insurance)*
- ☐ All 30 training hours/credits for the past three years *(in chronological order if possible)*

***Note:** If you have an employee providing Wraparound Facilitation, HAB, and FST, then mark appropriate services in Section B. Combine the documentation requirements above.*

Procedure for Registering with INkless

Remember, you are **not an employee of the FSSA Division of Mental Health and Addiction** and are required to pay for your background check. If you're not required to pay during this process, then you've done something wrong.**

   To register online go to www.in.gov/inkless

1.   At this site, scroll down the web page and click on the button

   "Request a Fingerprinting Appointment Online"

2.   On the IdentGO web page that opens, click on

   "Schedule a New Appointment"

3.   On the agency page drop down menu click on

   "All Others" option   **DO NOT choose FSSA/employee at this point**

4.   On this 'Applicant Type' page from the drop down menu choose

   "NCPA Employee Background Check."

   (NCPA means National Child Protection Act)

5.   Next choose:

   "FSSA – Division of Mental Health & Addiction (INAP00479)"

6.   Enter your zip code to determine the closest fingerprinting location.

7.   Now choose a center and date to schedule an appointment to have your

   fingerprints taken.

8.   Fill out the application information and follow the rest of the prompts.

**Per the site instructions, payment can be made electronically by credit card or debit card at time of scheduling. You can also pay at the fingerprinting service center by cashier's check or money order. Your fingerprints are sent to ISP electronically, and the response will be sent to directly to DMHA. Results are good for one year only!

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Procedure for Local Marion County Background Checks

IF YOU LIVE IN MARION COUNTY, please use Marion County Sherriff's site: Pay.Indy.Gov as shown here below OR the Indiana State Limited Criminal History Search: as shown on the following page. Results are good for one year only!

For Pay.Indy.Gov go to: https://pay.indy.gov/ This site can also be found directly through Marion County Sheriff's Office Site: http://sheriffmarionco.com/ Click on Public Services, Choose Criminal Histories, then click on the **CivicNet** link on the web page.

Pay.Indy.Gov
Indianapolis & Marion County Payment Portal

Search, Pay & Apply for Indy Services

Please use the cards below in order to navigate to the correct department for payment processing.

Pay a Traffic Ticket
Marion County - Traffic Ticket Payment Service

Permits & Licenses
Department of Business and Neighborhood Services

Real Estate Lists
Marion County Sheriff's Office

Property Searches
Marion County Assessors Office

Incident Reports

Animal Care Services

Collections
The Office of Finance & Management

MCCC
Marion County Community Corrections

Waivers

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Alternate Procedure for Local Marion County Background Checks

For Indiana State Police Limited Criminal History Report: Go to
http://www.in.gov/ai/appfiles/isp-lch/ see this sample report below**:**

INDIANA STATE POLICE
LIMITED CRIMINAL HISTORY

access Indiana
www.IN.gov

The following is an edited transcript of the criminal history record contained in the files of the Central Repository, Indiana State Police. All entries are based on information supported by fingerprints in this agency.

Information Released To:

Name: test user
Address: test street
City/St/Zip: test city IN 12345
Phone: 123-456-7890

Date: 08/23/2004
Page: 1
Receipt: 2955459
Operator:
accessIndiana

This request is in accordance with IC 10-13-3-27 and may not be used for any other purposes.

Subject of Record

Name	**Race**	**Sex**	**Birth Date**
user, test	U	U	XX-XX-XXXX

```
Offender Name                          SID#
RECORD, TEST                           0000000002

Sex    Race    Birth Date   Hgt   Wgt   Eyes   Hair   Plc of Birth
M      W       03/22/1950   511   193   BLU    BLN    IN

Alias(es)
RECORD, TEST

Date(s) of Birth
11/11/1911
12/12/1912

Arrest   001     12/12/1998

Arrest Detail:
Agency:              STATE POLICE HEADQUARTERS (INISP0000)
Original Charge:     JAYWALKING (Class , MISDEMEANOR); Counts: 2


Prosecutor/Court Detail:
Cause#  Unknown

Filed Charge:        THEFT (Class B, FELONY)
Amended Charge:      ARMED ROBBERY (Class A, FELONY)
Counts:              002
Disposition:         GUILTY
Sentence:            5 YEARS               Suspended: 2 YEARS
```

Search Again

access Indiana
www.IN.gov

Results are good for one year only!

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Incident Reports

All approved CMHW providers are responsible for ensuring the health a welfare of participants in the program. To accomplish this, DMHA has established an incident reporting process.

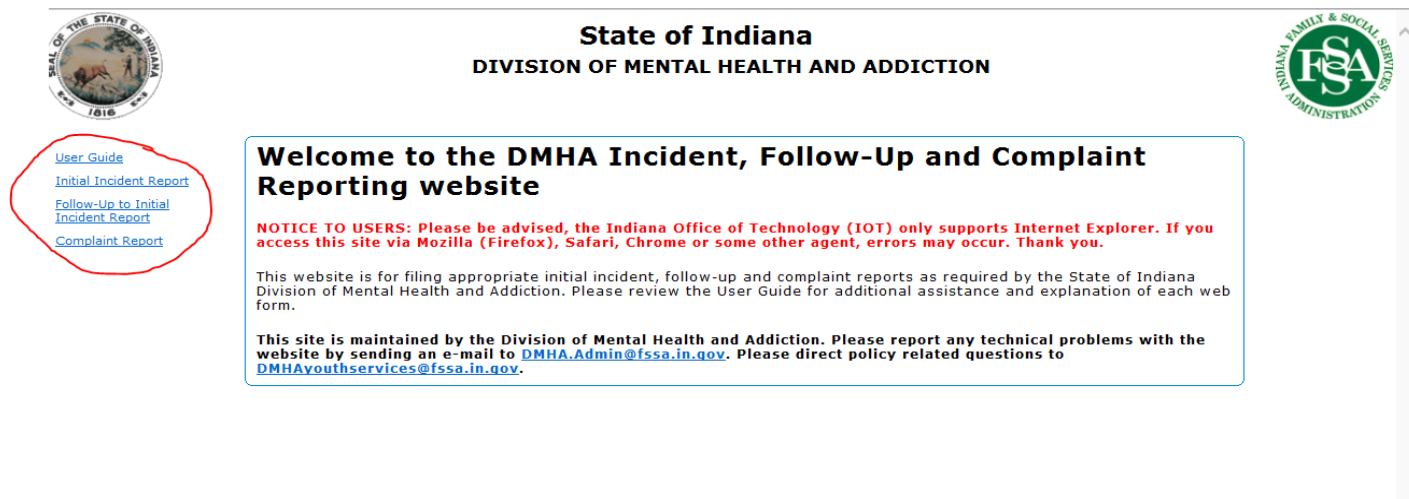**Providers must complete an Incident Report in any of the following situations**:

- Sentinel event – This type of event is defined as a serious and undesirable occurrence involving the loss of life, limb, or gross motor function for a participant or individual providing services for a program participant, and must be reported to the DMHA within 24 hours.

- Critical incident – Must be reported to the DMHA within 72 hours. Examples of this type of event include:

- Use of restraint

- Elopement

- Medication error (pertains to errors that occur when the participant is not in the home or care of the parent/caregiver)

- Serious injury

- Suicide attempt

- Seclusion

- Violation of rights

- Incident requiring police or Child Protective Services (CPS) response/involvement

- Neglect, abuse, or exploitation

Incident reports can be filed through the Incident Report Protal. Link and example is provided on the following page:

Incident Reports (continued)

Site link for IR Web Portal: https://dmhareport.fssa.in.gov/

State of Indiana
DIVISION OF MENTAL HEALTH AND ADDICTION

User Guide
Initial Incident Report
Follow-Up to Initial
Incident Report
Complaint Report

Welcome to the DMHA Incident, Follow-Up and Complaint Reporting website

NOTICE TO USERS: Please be advised, the Indiana Office of Technology (IOT) only supports Internet Explorer. If you access this site via Mozilla (Firefox), Safari, Chrome or some other agent, errors may occur. Thank you.

This website is for filing appropriate initial incident, follow-up and complaint reports as required by the State of Indiana Division of Mental Health and Addiction. Please review the User Guide for additional assistance and explanation of each web form.

This site is maintained by the Division of Mental Health and Addiction. Please report any technical problems with the website by sending an e-mail to DMHA.Admin@fssa.in.gov. Please direct policy related questions to DMHAyouthservices@fssa.in.gov.

A user guide is provided on the portal home page as well as access to enter follow-ups to incident reports.

For more information about Incident reporting please see Section 11, of the CMHW Module.

COMPLAINTS:

To report a complaint, go to this same portal. And click on Complaint Report on the left side of the portal.

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Resources for Indiana System of Care

Providers are encouraged to explore, become familiar and learn to navigate through all the SOC web pages. For everyone's convenience, there are many direct links provided here. Any one of these web pages can also be found through the menus on the left column of the SOC web pages.

Learn to navigate through the DMHA
Systems of Care Website

About Indiana System of Care (INSOC):
http://www.in.gov/fssa/dmha/2754.htm from here, click on CMHW Program (on left column) and then select Provider Information. Have you learned the difference between wraparound and wraparound facilitation?

Indiana's System of Care Welcome page:
http://www.in.gov/fssa/dmha/2732.htm

SOC Events are always located on the DMHA Calendar. We encourage everyone to make a habit of reviewing it from time to time:

DMHA Calendar:
http://www.in.gov/activecalendar/CalendarNOW.aspx?fromdate=1/1/2014&todate=1/31/2014&display=Month&display=Month
From Agency Name dropdown select "Family & Social Services" and then click on "search." This will filter to include wraparound services.

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Resources for High Fidelity Wraparound

Community Access Sites: http://www.in.gov/fssa/dmha/2773.htm

Program Description (overview) of Child Mental Health Wraparound (CMHW) Services: http://www.in.gov/fssa/dmha/2766.htm

Wraparound Facilitation SITE COACHES: Approval of resumes of Wraparound Facilitator applicants; certification training and coaching on High Fidelity Wraparound for Wraparound Facilitators; Quality Assurance and approval for participant Eligibility Reviews, Intervention Plans (which generate Notices of Action for all providers), Care Plans and Crisis Plans.

- Amber Busch: Amber.Busch@fssa.IN.gov
- Heidi Gross: Heidi.Gross@fssa.in.gov
- Jenifer Gibson: Jennifer.Gibson@fssa.IN.gov
- Jessica Morris: Jessica.Morris@fssa.IN.gov
- Lyndsey Kappel: Lyndsey.Kappel@fssa.IN.gov

Other Important Resources

Youth M.O.V.E. Indiana http://www.in.gov/fssa/dmha/2743.htm

Web site: http://familyorgdirectory.fmhi.usf.edu/viewOrg.cfm?orgID=1419

Division of Family Resources (DFR): http://www.in.gov/fssa/thehub/2545.htm

Indiana Department of Child Services (DCS): http://www.in.gov/dcs/

Children's Mental Health Initiative: http://www.in.gov/dcs/3401.htm

Resources for Medicaid

FSSA Indiana Medicaid for Providers Main page:

https://www.in.gov/medicaid/providers/index.html

Indiana Medicaid for Providers – Portal

Registration and enrollment

https://portal.indianamedicaid.com/hcp/Default.aspx?alias=portal.indianamedicaid.com/hcp/provider

Provider Reference Materials

Medicaid Modules (Manuals) can be found on the FSSA Indiana Medicaid for Providers Web Page**:** https://www.in.gov/medicaid/providers/469.htm

Provider relations field consultant in your area:

https://www.in.gov/medicaid/providers/490.htm

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DMHA PROVIDER TEAM CONTACT INFORMATION

Submit resumes to DMHAyouthservices@fssa.IN.gov

For questions related to:
- Policies for DMHA Youth Program
- New provider/agency enrollment and requirements for CMHW
- Questions regarding enrollment for IHCP (Medicaid) for CMHW
- Community based Habilitation, Respite (including facility based), and Training & Support for the Unpaid Caregiver (FST)
- Résumé reviews and approval for training
- Training for HAB, FST, & RES.

Contact Julie Bandy, **PROVIDER SPECIALIST**:
Julie.Bandy@fssa.IN.gov, 317-232-7892

For questions related to:
- Incident Reports (IRs), IR procedure and follow-ups
- Quality Improvement (QI) reviews
- Access site policies, Access site key contacts
- Reauthorizations for CMHW Access Sites

Contact Tanya Merritt-Mulamba, **CLINICAL QA IMPROVEMENT SPECIALIST:** Tanya.Merritt-Mulamba@fssa.in.gov, 317-232-7889

For questions related to:
- CMHW Provider applications and application processing
- CMHW Provider Reauthorizations
- Database licensing for Wraparound Facilitator (WF) direct user, supervisor, and/or access including changes to your agency picklists (communicating all staff changes)
- CRM (Tobi) database training, etc.

Contact Olga Murray **PROVIDER COORDINATOR***:*
Olga.Murray@fssa.IN.gov, 317-232-7934

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